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**\*BIBDATASHEET\*****CONFIRMATION NO. 5810**

Bib Data Sheet

SERIAL NUMBER 09/653,735	FILING DATE 09/01/2000  RULE	CLASS 705	GROUP ART UNIT 3621	ATTORNEY DOCKET NO. 65678-0032
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**APPLICANTS**

Andrew F. Suhy JR., Perrysburg, OH;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/441,289 11/16/1999  
 and claims benefit of 60/166,042 11/17/1999  
 and is a CIP of 09/503,671 02/14/2000  
 and is a CIP of 09/504,000 02/14/2000  
 and is a CIP of 09/504,343 02/14/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**\*\* 10/16/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature	Initials			

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010291  
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**TITLE**

Apparatus and method for tracking and managing physical assets

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/>



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Bib Data Sheet

CONFIRMATION NO. 5810

<b>SERIAL NUMBER</b> 09/653,735	<b>FILING DATE</b> 09/01/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> 65678-0032	
<b>APPLICANTS</b> Andrew F. Suhy JR., Perrysburg, OH; <i>AS</i>					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/441,289 11/16/1999 AND CLAIMS BENEFIT OF 60/166,042 11/17/1999 AND A CIP OF 09/503,671 02/14/2000 AND A CIP OF 09/504,000 02/14/2000 AND A CIP OF 09/504,343 02/14/2000 <i>AS</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>AS</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/16/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>AS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 010291					
<b>TITLE</b> Apparatus and method for tracking and managing physical assets					
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		